

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029538

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 175

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 2 1963

a. COUNTY

Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Moberly

Length of stay in lb
4 days

c. STATE

Mo.

b. COUNTY

Randolph

admission)

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Woodland Hosp. & Clinic

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

RFD #1

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Phillip Forrest Micheal Spelman

4. DATE OF DEATH

Month Day Year
July 28 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-20-1908

9. AGE (last birthday)

54

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer & Auto Salvage

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Clark, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Michael Anthony Spelman

13b. MOTHER'S MAIDEN NAME

Lottie Forrest

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Anna L. Dawkins, Clark, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Renal Oliguria

INTERVAL BETWEEN ONSET AND DEATH

40 hrs

DUE TO (b)

Acute intestinal obstruction

5 days

DUE TO (c)

Adenocarcinoma Recto-sigmoid Colon

months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Nephritis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 27 to July 28 and last saw him alive on July 28
Death occurred at 8:10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS
M.D. Moberly, Missouri

22c. DATE SIGNED

29Aug63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

July 30, 1963

23c. NAME OF CEMETERY OR CREMATORY

St. Mary's Cemetery

23d. LOCATION (City, town, or county)

Moberly, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Cater Funeral Home, Moberly, Mo.

25. DATE RECD. BY LOCAL REG.

July 29, 1963

26. REGISTRAR'S SIGNATURE

W. E. White

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1 0887
2 0880
3 1
4 0
5 0
6
7 0
8 0
9 154X
10
11
12 5-0
13 30

JUN 22 1966

SEP 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

George E. Latta

Licensed Embalmer No. 4906

P. O. Address 711 Oberly. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Embalmed received 7-25-63